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APPLICANTS

Jung Kook Lee, Manassas, VA;

** CONTINUING DATA *****

None, R

** FOREIGN APPLICATIONS *****

None, R

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 01/28/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY VA	SHEETS DRAWING 7	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

35736
 JHK LAW
 P.O. BOX 1078
 LA CANADA, CA
 91012-1078

TITLE

Baby health monitoring system

FILING FEE RECEIVED 437	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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